

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
20M 1/65

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
05082 CERTIFICATE OF DEATH 05081

| | | | |
|---|----------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY Caroline MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Caroline | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Ridgely | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Ridgely | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) None | | d. STREET ADDRESS None | |
| 3. NAME OF DECEASED (Type or print) First Adam Middle Stayer Last Holsinger | | 4. DATE OF DEATH Month 4 Day 14 Year 1966 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug. 31, 1884 |
| 9. AGE (In years last birthday) 81 yrs. | | 10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY None | |
| 11. BIRTHPLACE (County & State, or foreign country) Penna. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME David P. Holsinger | | 14. MOTHER'S MAIDEN NAME Amelia Stayer | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT Russell Holsinger Ridgely, Md. | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Renal Insufficiency 4221 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arteriosclerotic C.V.Disease DUE TO (c) Generalized Arteriosclerosis | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Cancer of the Prostate with regional metastasis | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) | |
| 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that (I) (this hospital) attended the deceased from Jan. 5, 1965 , to Apr. 14, 1966 , that (I) (we) last saw the deceased alive on Apr. 14, 1966 , and that death occurred at M , from the causes and on the date stated above. | | 22a. SIGNATURE Charles H. Stonecipher M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> 22b. DATE SIGNED Apr. 15 '66 | |
| 22c. PHYSICIAN'S NAME (Type) Charles H. Stonecipher, M.D. | | 22d. ADDRESS Greensboro, Maryland | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE THEREOF 4-16-66 | |
| 23c. NAME OF CEMETERY OR CREMATORY Greensboro | | 23d. LOCATION (City, town or county) (State) Greensboro, Maryland | |
| 24. FUNERAL DIRECTOR J. E. Bouclair | | 25a. REC'D BY REGISTRAR APR 22 1966 | |
| 25b. REGISTRAR'S SIGNATURE J. Charles Judge | | | |

• 10% CS

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's office along with form PM3. Page 5 may be retained for your files.

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FOR STATE HEALTH DEPT.

Item 7 Film G376 5/16/66 mh

05083

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05082

| | | | |
|--|----------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY CAROLINE MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MARYLAND b. COUNTY CAROLINE | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Preston | | c. LENGTH OF STAY IN lb 05-1 | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | | d. STREET ADDRESS (None) | |
| e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) HARVEY HOPKINS | | 4. DATE OF DEATH Month 4 Day 20 Year 1966 | |
| 5. SEX MALE | 6. COLOR OR RACE NEGRO | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec. 17, 1902 |
| 9. AGE (In years lost birthday) 63 yrs. | | IF UNDER 1 YEAR Months 4 Days 20 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER | | 10b. KIND OF BUSINESS OR INDUSTRY Domestic | |
| 11. BIRTHPLACE (State or foreign country) North Carolina | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME UNKNOWN | | 14. MOTHER'S MAIDEN NAME UNKNOWN | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) UNKNOWN | | 16. SOCIAL SECURITY NO. UNKNOWN | |
| 17. INFORMANT MRS. ANDREW KELLEY | | Address PRESTON, MD | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemphage 331X DUE TO (b) Cerebral arteriosclerosis DUE TO (c) Generalized arteriosclerosis | | INTERVAL BETWEEN ONSET AND DEATH minutes 15yrs | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chronic epileps and mental retardation | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. TIME OF INJURY Month, Day, Year Hour o.m. 19 p.m. | | 20b. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> | |
| 20c. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20d. (City or town) (County) (State) | |
| 21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/> | | | |
| ACTUAL SIGNATURE Harold B. Plummer M.D. | | CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> Address (Street, city, town, or county) | |
| 22. DATE SIGNED 4/27.66 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE THEREOF 4-22-66 | |
| 23c. NAME OF CEMETERY OR CREMATORY BETHLEHEM CEMETERY | | 23d. LOCATION (City or Town) (County) (State) CAROLINE MD | |
| 24. FUNERAL DIRECTOR James B. Nashell | | 25a. REC'D BY REGISTRAR APR 28 1966 | |
| ADDRESS Easton, Md. | | 25b. REGISTRAR'S SIGNATURE Charles Judge | |

8020

8020

8020

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| MARYLAND STATE DEPARTMENT OF HEALTH | | | | | | | | | |
|--|--|-------------------------------|---|---|--|--|--|--|--|
| DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND | | | | | | | | | |
| 05084 CERTIFICATE OF DEATH 05083 | | | | | | | | | |
| 1. PLACE OF DEATH a. COUNTY Caroline b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg c. LENGTH OF STAY IN 1b Life d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 106 South University Avenue | | | | | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Caroline c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg d. STREET ADDRESS 106 South University Avenue e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | |
| 3. NAME OF DECEASED (Type or print) First Ralph (Jim) Middle Eugene Last Howard | | | 4. DATE OF DEATH Month April Day 7 Year 1966 | | | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH April 30, 1927 | | 9. AGE (In years last birthday) 38 yrs. IF UNDER 1 YEAR: Months 30 Days 15 Hours 5 Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant Superintendent | | | 10b. KIND OF BUSINESS OR INDUSTRY Poultry Processing | | | 11. BIRTHPLACE (County & State, or foreign country) Cambridge, Maryland | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Jerome Howard | | | | | 14. MOTHER'S MAIDEN NAME Anna Fisher Wothers | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes give war or dates of service) WWII | | | 16. SOCIAL SECURITY NO. 218-20-8249 | | 17. INFORMANT Mrs. Kathleen W. Howard, Federalsburg, Md. Address | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction 4201 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) INTERVAL BETWEEN ONSET AND DEATH 30 minutes | | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | | | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER) | | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) | | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 p.m. | | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | | |
| 21. I certify that (I) (this hospital) attended the deceased from 4-7-66 , 19__, to 4-7-66 , 19__, that (I) (we) last saw the deceased alive on 4-7-66 , and that death occurred at __ M, from the causes and on the date stated above. | | | | | | | | | |
| 22a. SIGNATURE Frank M. Anderson 22c. PHYSICIAN'S NAME (Type) Frank M. Anderson M.D. | | | | | 22b. DATE SIGNED 4-9-66 M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> | | 22d. ADDRESS Federalsburg, Md. | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | | 23b. DATE THEREOF April 9, 1966 | | 23c. NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery | | 23d. LOCATION (City, town or county) (State) Federalsburg, Maryland | | |
| 24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Maryland James Hampton Jr. | | | | | 25a. REC'D BY REGISTRAR APR 14 1966 | | 25b. REGISTRAR'S SIGNATURE Charles Judge | | |

Caroline

Maryland

Caroline

Federalburg

Life

Federalburg

106 South University Avenue

106 South University Avenue

66

April 30, 1927

Howard

Ralph (Jim) Eugene

X

White

Male

April 30, 1927

USA

Agent Superintendent, Federalburg, Maryland

Anna Kinck Howard

Jerome Howard

Mrs. Kathleen E. Howard, Federalburg, Md.

Will

Yes

Frank M. Anderson

Burial April 9, 1926 Hill Crest Cemetery

J. L. Thompson and son, Federalburg, Maryland

April 14 1925

Federalburg, Maryland

1 (M)
FOR STATE
HEALTH DEPT.

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| MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND | | | | | | | | | |
|---|--|---------------------------------|---|---|---|--|--|---|--|
| 05085 MEDICAL EXAMINER'S CERTIFICATE OF DEATH | | | | | 05084 | | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Caroline</u> MARYLAND | | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Caroline</u> | | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural Ridgely</u> | | | c. LENGTH OF STAY IN 1b <u>79 Yrs.</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural Ridgely</u> <u>05-1</u> | | | | |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) <u>None</u> | | | | | d. STREET ADDRESS <u>None</u> | | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Elma</u> Middle <u>Thomas</u> Last <u>Price</u> | | | | | 4. DATE OF DEATH Month <u>4</u> Day <u>8</u> Year <u>1966</u> | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>Col.</u> | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>10-8-1886</u> | | 9. AGE (In years last birthday) <u>79 yrs.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | | 11. BIRTHPLACE (State or foreign country) <u>Maryland</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>Henry Price</u> | | | | | 14. MOTHER'S MAIDEN NAME <u>No Record</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes give war or dates of service) | | | | | 16. SOCIAL SECURITY NO. <u>220-01-7583</u> | | 17. INFORMANT <u>Henry Price Ridgely, Maryland</u> | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Pulmanry edema</u> <u>442X</u> Conditions, if any, which gave rise to immediate cause (e), stating the underlying cause last. DUE TO (b) <u>Chronic Congestive Heart Failure</u> DUE TO (c) <u>Arteriosclerosis Cordis Renal Disease</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u> <u>4-5 yrs</u> <u>10yrs</u> | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | | | | |
| 20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) | | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. <u>19</u> | | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | | |
| 21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/> | | | | | | | | | |
| ACTUAL SIGNATURE <u>Harold B. Plummer</u> | | | | | 22. DATE SIGNED <u>4/14/65</u> | | | | |
| EXAMINER'S NAME (Type) <u>Harold B. Plummer M.D.</u> | | | | | Address (Street, city, town, or county) | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | | 23b. DATE THEREOF <u>4-12-66</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Thomas Burial Ground</u> | | 23d. LOCATION (City, town or county) (State) <u>Ridgely, Maryland</u> | | |
| 24. FUNERAL DIRECTOR <u>J. E. Boulaire Greensboro, Md.</u> | | | | | 25a. REC'D BY REGISTRAR <u>APR 18 1966</u> | | 25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u> | | |

5

FOR STATE
HEALTH DEPT.

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05086

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05085

| | | | | | | | |
|---|--|---|--|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Caroline b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Preston - Rural c. LENGTH OF STAY IN 1b 6 years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Preston - Harmony Road | | | | 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland b. COUNTY Caroline c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Preston - Rural d. STREET ADDRESS R.F.D. #2 e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First Charles Middle Puff Last Jr. | | | | 4. DATE OF DEATH Month April Day 28 Year 19 66 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH October 21, 1895 | |
| 9. AGE (In years last birthday) 70 yrs. | | 10. UNDER 1 YEAR Months 70 Days 0 Hours 0 Min. 0 | | 11. BIRTHPLACE (State or foreign country) Passaic, New Jersey | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Paymaster | | | | 10b. KIND OF BUSINESS OR INDUSTRY Woolen Mills | | 11. BIRTHPLACE (State or foreign country) Passaic, New Jersey | |
| 13. FATHER'S NAME Charles Puff | | | | 14. MOTHER'S MAIDEN NAME Margaret (maiden name unknown) | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 143-05-1151 | | 17. INFORMANT Address Mrs. Emma Puff, Preston, Maryland, RFD | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion 4201 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last, (b) Coronary sclerosis DUE TO (c) Generalized arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) Pulmonary Emphysema and extrinsic asthma | | | | | | | INTERVAL BETWEEN ONSET AND DEATH minutes 107 1/2 10 Yrs 1/2 |
| 20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) | | | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 p.m. 19 | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | |
| 21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/> CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> | | | | | | | |
| ACTUAL SIGNATURE [Signature] | | M.O. [Signature] | | 22. DATE SIGNED April 29, 1966 | | | |
| EXAMINER'S NAME (Type) Harold B. Plummer, M.D. | | Address (Street, city, town, or county) Preston, Maryland | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | | 23b. DATE THEREOF May 2, 1966 | | 23c. NAME OF CEMETERY OR CREMATORY Silverbrook Crematory | | 23d. LOCATION (City, town or county) (State) Wilmington, Delaware | |
| 24. FUNERAL DIRECTOR ADDRESS J. J. Frampton and Son, Federalsburg, Maryland | | | | 25a. REC'D BY REGISTRAR MAY 3 1966 | | 25b. REGISTRAR'S SIGNATURE [Signature] | |

J. J. Emerson and Son, Foodstuffs, Maryland

Exemption May 2, 1966 Silverbrook Cemetery

Wilmington, Delaware

Harold S. Lister, Jr.

April 29, 1966
Frederick, Maryland

MAY 2 1966
Frederick, Maryland

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
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VR A15 (4)
20M 1/65

| DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND | | | | | | | | | | | |
|--|--|---|--|--|--|---|--|---|--|---|--|
| CERTIFICATE OF DEATH | | | | | | | | | | | |
| 05087 | | | | | | | | | | | |
| 1. PLACE OF DEATH a. COUNTY Caroline MARYLAND | | | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Caroline | | | | | |
| b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Greensboro | | | | c. LENGTH OF STAY IN 1b 88 Yrs. | | c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Greensboro | | | | | |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) North Main Street | | | | | | d. STREET ADDRESS North Main Street | | | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) Charles Ralph Rich | | | | | | 4. DATE OF DEATH Month April Day 29 Year 19 66 | | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Oct. 19, 1877 | | 9. AGE (in years last birthday) 88 yrs. | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Maintenance Geo A. Reach | | | | 10b. KIND OF BUSINESS OR INDUSTRY Maryland | | 11. BIRTHPLACE (County & State, or foreign country) U.S.A. | | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Walter Rich | | | | | | 14. MOTHER'S MAIDEN NAME Margaret Turner | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No | | | | 16. SOCIAL SECURITY NO. 218-01-4504 | | 17. INFORMANT Address Mrs. Annie Rich Greensboro, Maryland | | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Renal Insufficiency 4500 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Generalized Arteriosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) | | | | | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 | | | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | | | |
| 21. I certify that (I) (this hospital) attended the deceased from Feb. 19, 1966 to Apr. 29, 1966 , that (I) (we) last saw the deceased alive on Apr. 29, 1966 , and that death occurred at 7:15 P.M. from the causes and on the date stated above. | | | | | | | | | | | |
| 22a. SIGNATURE <i>Charles H. Stonesifer</i> | | | | | | M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> | | MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> | | 22b. DATE SIGNED May 2 '66 | |
| 22c. PHYSICIAN'S NAME (Type) Charles H. Stonesifer, M.D. | | | | | | 22d. ADDRESS Greensboro, Maryland | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE THEREOF May 2, 1966 | | 23c. NAME OF CEMETERY OR CREMATORY Greensboro | | | | 23d. LOCATION (City, town or county) (State) Greensboro, Maryland | | | |
| 24. FUNERAL DIRECTOR <i>J. E. Boulain</i> | | | | | | ADDRESS Greensboro, Md. | | 25a. REC'D BY REGISTRAR MAY 5 1966 | | 25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i> | |

CERTIFICATE OF DEATH

05088

05087

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|---|---|---|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>CAROLINE</u> b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <u>RIDGELY</u> c. LENGTH OF STAY IN 1b <u>25 yrs.</u> d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) <u>g</u> | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>CAROLINE</u> c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <u>RIDGELY</u> d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>FRANK THOMAS SCHMITT</u> | | | 4. DATE OF DEATH Month Day Year <u>APR. 13 1966</u> | | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>NOV 6, 1924</u> | 9. AGE (In years last birthday) <u>41</u> yrs. | IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BUTTON CUTTER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>PEARL BUTTON</u> | | 11. BIRTHPLACE (County & State, or foreign country) <u>MD</u> | | | |
| 13. FATHER'S NAME <u>FRANK WILLIAM SCHMITT</u> | | | 14. MOTHER'S MAIDEN NAME <u>BLANCHE POLLARD</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NO</u> | | 17. INFORMANT Address <u>MRS. FRANK T. SCHMITT, RIDGELY, MD.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Abscess of left lung</u> 521X Conditions, if any, which gave rise to immediate cause (b) } (a), stating the underlying cause last. (c) } DUE TO DUE TO DUE TO | | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Malnutrition and Anemia</u> | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. <u>19</u> | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 20f. (City or town) <u>May 10, 1965 to Apr. 13, 1966</u> | (County) (State) | | | |
| 21. I certify that (I) (this hospital) attended the deceased from <u>May 10, 1965</u> to <u>Apr. 13, 1966</u> , that (I) (we) last saw the deceased alive on <u>Apr. 13, 1966</u> , and that death occurred at <u>Apr. 13, 1966</u> , from the causes and on the date stated above. | | | | | | | |
| 22a. SIGNATURE <u>Charles H. Stonesifer</u> | | M.D. <u>Charles H. Stonesifer, M.D.</u> | | 22b. DATE SIGNED <u>Apr. 15 '66</u> | | | |
| 22c. PHYSICIAN'S NAME (Type) <u>Charles H. Stonesifer, M.D.</u> | | 22d. ADDRESS <u>Greensboro, Md. 21639</u> | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE THEREOF <u>APR. 16, 1966</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>RIDGELY</u> | 23d. LOCATION (City, town or county) (State) <u>RIDGELY MD.</u> | | | | |
| 24. FUNERAL DIRECTOR'S SIGNATURE <u>Charles V. Moore</u> | | ADDRESS <u>Denton, Md.</u> | | 25a. REC'D BY REGISTRAR <u>APR 20 1966</u> | 25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u> | | |

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

05001

DECEASED
NAME

RESIDENT OF
COUNTY

DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH

AGE AT DEATH
SEX
RACE
EDUCATION

DATE OF BIRTH
PLACE OF BIRTH
MARRIAGE

DATE OF DEATH
PLACE OF DEATH
MARRIAGE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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20M 1/65

| DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND | | | | | | | | | | |
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| 05088 | | | | | | | | | | |
| 1. PLACE OF DEATH a. COUNTY Caroline MARYLAND | | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Caroline | | | | | |
| b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural Henderson | | | | | c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural Henderson | | | | | |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) None | | | | | d. STREET ADDRESS None | | | | | |
| 3. NAME OF DECEASED (Type or print) First Anna Marie Middle Vavrinec Last | | | | | 4. DATE OF DEATH Month April Day 15 Year 1966 | | | | | |
| 5. SEX Female | | 6. COLOR OR RACE Cau. | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH May 22, 1875 | | 9. AGE (In years last birthday) 90 yrs. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (County & State, or foreign country) Czechoslovakia | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | |
| 13. FATHER'S NAME James Cepek | | | | | 14. MOTHER'S MAIDEN NAME Marie Kutilek | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 220-46-0072 | | 17. INFORMANT Margaret Snow | | Address Henderson, Md. | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Congestive Failure DUE TO (b) Chronic Myocarditis DUE TO (c) Arteriosclerosis C.V. Dis. with Hypertension | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Parkinson's Disease | | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 | | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> | | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | | 20f. (City or town) (County) (State) | | | | |
| 21. I certify that (I) (this hospital) attended the deceased from Apr. 1, 1966 to Apr. 15, 1966 , that (I) (we) last saw the deceased alive on Apr. 14, 1966 , and that death occurred at M , from the causes and on the date stated above. | | | | | | | | | | |
| 22a. SIGNATURE Charles H. Stonesifer | | | | | M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> | | 22b. DATE SIGNED 4/15/66 | | | |
| 22c. PHYSICIAN'S NAME (Type) Charles H. Stonesifer, M.D. | | | | | 22d. ADDRESS Greensboro, Md. | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE THEREOF April 19, 66 | | 23c. NAME OF CEMETERY OR CREMATORY Holy Redeemer | | 23d. LOCATION (City, town or county) (State) Baltimore, Md. | | | | |
| 24. FUNERAL DIRECTOR Edmund J. Kerner | | | | | ADDRESS 3331 Bulwin St. | | 25a. REC'D BY REGISTRAR APR 19 1966 | | 25b. REGISTRAR'S SIGNATURE Charles Judge | |

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